



PHARMACISTS COUNCIL OF ZIMBABWE

APPLICATION FOR PERMISSION TO ACT AS A PRE-REGISTRATION PHARMACIST SUPERVISOR

I, the undersigned do hereby apply for permission to become a pre-registration pharmacist supervisor. I am a pharmacist of good standing and I do undertake to be fully responsible for the practical training of pre-registration pharmacist(s) under my supervision. I am knowledgeable about the requirements for pre-registration of pharmacists and law relating to the practice of pharmacy in Zimbabwe.

1. NAME OF SUPERVISOR:

NAME: DR/MR/MRS
FIRST SURNAME

REGISTRATION CERTIFICATE NO:.....

PRACTISING CERTIFICATE NO:..... EXPIRY DATE:.....

QUALIFICATIONS:.....

QUALIFICATIONS OF SUPERVISOR:-.....
(list of all formal qualifications)

WORK EXPERIENCE (Number of Years)

HOSPITAL INDUSTRY.....

RETAIL ACADEMIA.....

1. REGISTERED NAME AND ADDRESS OF PREMISES

.....
.....

E-MAIL ADDRESS.....

OWNED BY:.....

DATE OF ESTABLISHMENT.....

MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS:

.....
.....

CONFERENCES ATTENDED/PAPERS/BOOKS PUBLISHED

.....
.....
.....

ONGOING TRAINING

.....
.....

**ANY INFORMATION THAT MAY DISQUALIFY YOU AS A SUPERVISOR
(PROFESSIONAL MISCONDUCT)**

SIGNED..... **DATE**.....

OFFICIAL STAMP